

National Union Fire Insurance Company of Pittsburgh, Pa.
CLAIM REPORTING INFORMATION SHEET

Reporting Under Policy/Bond Number: 361-08-98

Type Of Coverage: BOOK1998

Insured's Name, As Given On Policy Declaration(Face Page): _____

STATE OF GEORGIA

Contact Person: _____

Title: _____

Phone: (_____) _____ - _____ Ext _____

Case or Claimant Name: _____

If The Party Involved Is Different From "Insured" Name (As Given On The Policy Declaration) State

Relationship: _____

Insurance Broker/Agent: AON RISK SERVICES , INC.

Address: 200 E. RANDOLPH
CHICAGO, IL 60601

Contact: STEVE BRIDGES

Phone: _____

Name Of Underwriter (If Known): Michelle Faylo

Please Provide The Information Requested Above So That We Can Expedite Our Service To You.

Send Notice Of Claims To:

c-Claim for Financial Lines
AIG Domestic Claims, Inc.
175 Water Street
9th Floor
New York, NY 10038

Phone: (888) 602-5246
Fax: (866) 227-1750
Email: c-Claim@AIG.com